



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Elite Healthcare Fort Worth

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-15-0563-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

October 9, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. Treating provider has attached dictation of patient's office visit on 5.27.2014. Please see patient's account ledger showing all other office visits for this patient being paid in full. Office visits are recommended as determined to be medically necessary. Medical necessity for office visit in conjunction with work status form 73. Also, carrier has paid team conferences for other patients that are active at my office. Carrier has paid numerous team conferences on approved claims that are being treated by Dr. Lopez. With that said date of service 3.21.2014 should be paid in full. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

**Amount in Dispute:** \$293.84

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The following is the carrier's statement with respect to this dispute of 3/21/2014 and 5/27/2014.

1. The requestor billed case management services for date 3/17/14 with code 99361. Texas Mutual declined to issue payment as the documentation does not meet the criteria for case management service.
2. The requestor billed E&M service for date 5/27/14 with code 99214. Texas Mutual declined to issue payment as the documentation does not indicate a detailed exam or detail history.

The requestor also billed code 99080 for a DWC-73. Texas Mutual denied payment of this as there has been no change in work status since 5/15/14."

**Response Submitted by:** Texas Mutual Insurance Company, 6210 E. Hwy 290, Austin, TX 78723

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 21, 2014 May 27, 2014	Team Conference E & M 99214 and DWC-73	\$293.84	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.240 defines the requirements for payment/denial of medical bills.
3. 28 Texas Administrative Code §134.204 (e) sets out the procedures for billing and reimbursing team conferences.
4. 28 Texas Administrative Code §134.203 provides fee guidelines for non-Division specific professional services.
5. 28 Texas Administrative Code §129.5 sets out the procedures for billing and reimbursing work status reports.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:  
No explanation of benefits was included addressing date of service 3/21/14 for CPT code 99361.  
For date of service 5/27/14:
  - CAC-W1 – Workers compensation state fee schedule adjustment.
  - CAC-150 – Payer deems the information submitted does not support this level of service.
  - 248 – DWC-73 in excess of the filing requirements. No change in work status and/or restrictions; reimbursement denied per Rule 129.5
  - 864 – E/M services may be reported only if the patient's condition requires a significant separately identifiable e/m service.
  - 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.
  - CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 891 – No additional payment after reconsideration

## **Issues**

1. Is the team conference for date of service 3/21/14 payable under 28 Texas Administrative Code §134.204 (e)?
2. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203 when billing for CPT Code 99214, date of service 5/27/14?
3. Did the requestor meet the requirements of 28 Texas Administrative Code §129.5 when billing for CPT Code 99080, date of service 5/27/14?

## **Findings**

1. Review of the submitted documentation finds that the carrier has failed to provide a valid explanation of benefits for CPT Code 99361 billed for date of service 3/21/14. The documentation supports that the requestor has made attempts to obtain a review of this service.

28 Texas Administrative Code §134.204 (e)(1) states,

(A) Team members shall not be employees of the treating doctor. (B) Team conferences and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call.

Review of the submitted documentation does not support that the treating doctor attended the conference and does not indicate if the attendees are employees of the treating doctor or are from outside the program.

**Therefore, the team conference for date of service 3/21/14 is not recommended as payable.**

2. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "for coding, billing reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided..." Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99214 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
  - “An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.”
  - “An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient’s positive responses and pertinent negatives for two to nine systems to be documented.”
  - “A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any three history areas [(past, family, or social)] to be documented.”

The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.”

- Documentation of a Detailed Examination:
  - A “*detailed examination* ...should include performance and documentation of at least twelve elements [of one of the Single-System Examination tables].”
- Documentation of Decision Making of Moderate Complexity:
  - *Number of diagnoses or treatment options* – The number of problems, whether the problem is diagnosed, and types of treatment recommended are taken into account.
  - *Amount and/or complexity of data to be reviewed* – This can include diagnostic tests ordered or reviewed and data reviewed from another source.
  - *Risk of complications and/or morbidity or mortality* – “The highest level of risk in any one category (presenting problem(s), diagnostic procedure(s), or management options) determines overall risk.”

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**”

For date of service 5/27/14, the submitted documentation supports that the requestor provided a review of one (1) chronic condition for HPI, a review of one (1) systems, and none of the areas of PFSH. This does not meet the documentation requirements for a Detailed History. The submitted report shows that the requestor included performance and documentation of two (3) elements of the Musculoskeletal Examination table, which does not meet the criteria for a Detailed Examination. The submitted documentation does not support that the requestor met the criteria for documentation of Decision Making of Moderate Complexity. **Because the documentation indicates that the requestor did not meet any of the required key components of CPT Code 99214, the requestor did not support this level of service and no additional payment is recommended.**

3. 28 Texas Administrative Code §129.5 (d) states,

The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions; and (3) on the schedule requested by the insurance carrier (carrier), its agent, or the employer requesting the report through its carrier, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee.

A review of the submitted documentation does not support that any of the above conditions were met. This was not the doctor’s initial examination of the injured employee. There were no changes in status or work restrictions. There was no indication that the carrier, its agent, or the employer requested the report.

**Therefore, the billing for the work status report on date of service 5/27/14 does not meet the requirements of 28 Texas Administrative Code §129.5 and no additional payment is recommended.**

### Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

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Signature

Laurie Garnes  
Medical Fee Dispute Resolution Officer

January 8, 2015  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**